



Patent Attorney's Docket No. <u>011900-309</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)		
Yoshikatsu KODAMA et al.	Group Art Unit: 1653 .		
Application No.: 09/833,637	Examiner: Chih Min Kam		
Filed: April 13, 2001) Confirmation No.: 3072		
For: GLYCOPROTEIN HAVING INHIBITORY ACTIVITY AGAINST HELICOBACTER PYLORI COLONIZATION)))))		
REQUEST FOR CONTIN TRANSMITT	NUED EXAMINATION 'AL LETTER		
MAIL STOP RCE			
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Customer No. 2 1 8 3		
Sir:			
Applicant(s) requests continued examination [] \$375.00 (2801) [X] \$750.00 (1801) fee due us	-		
	usly unentered after final amendments not be		

1. [] A. Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.

examination is requested:

[X] Consider the Reply Under 37 C.F.R. § 1.116 previously filed on <u>July 2, 2003</u>.

[] Consider the arguments in the Appeal Brief or Reply Brief previously filed on.

[] Other: ______

Applicant(s) previously submitted the following documents for which continued

2. The following documents are enclosed with this submission:

[] Amendment/Reply.[] Affidavit(s)/Declaration(s).

[] Information Disclosure Statement (IDS).

[X] Petition for Extension of Time.

[] Other:__

3. [] Small entity status is hereby claimed.

[X] No additional claim fee is required.

[] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

08/05/2003 EFLORES 00000083 09833637

[X] B.

01 FC:1801

750.00 OP

CLAIMS						
	No. Of Claims	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE	
Basic Fee					\$750.00 (1001)	
Total Claims	15	MINUS 20 =	-0-	× \$18.00 (1202) =	-0-	
Independent Claims	3	MINUS 3 =	-0-	× \$84.00 (1201) =	-0-	
If multiple dependent claims are presented, add \$280.00 (1203)						
Total Fee					\$750.00	
If small entity status is claimed, subtract 50% of Total Fee						
TOTAL FEE DUE					\$750.00	

4.	[X]	A check in the amount of \$ 860.00 is enclosed for the fee due,	which also
		includes the requisite fee for a one-month Extension of Time.	

- 5. [] Charge \$ ______ to Deposit Account No. 02-4800 for the fee due.
- 6. [] Applicant(s) requests suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: August 4, 2003

Registration No. 40,373

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620